

U.S.DepartmentofHousingandUrbanDevelopment
OfficeofPublicandIndianHousing

SmallPHAPlanUpdate

AnnualPlanforFiscalYear: 2002 –Revision1(al155vo2)

Templatehasbeenrevisedtoreflectthefollowing:

Deficiency: Inclusion of updated template questions pertaining to deconcentration policies and average incomes of covered developments, found under Section 6 (E) Component3(6)DeconcentrationandIncomeMixing.

**NOTE:THISPHAPLANSTEMPLATE(HUD50075)I STOBECOMPLETEDIN
ACCORDANCEWITHINSTRUCTIONSLOCATEDINAPPLICABLEPIHNOTICES**

**PHA Plan
Agency Identification**

PHAName: Housing Authority of the City of Greenville, Alabama

PHANumber: AL155

PHA Fiscal Year Beginning:(mm/yyyy) 10/2002

PHA Plan Contact Information:

Name: Brenda M. Moody, Executive Director

Phone: (334) 382 -6581

TDD: Same

Email(if available): ghabelnd@alaweb.com

Public Access to Information

**Information regarding any activities outlined in this plan can be obtained by contacting:
(select all that apply)**

- ☒ Main administrative office of the PHA
☐ PHA development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
☐ PHA development management offices
☐ Main administrative office of the local, county or State government
☐ Public library
☐ PHA website
☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
☐ PHA development management offices
☐ Other (list below)

PHA Programs Administered :

☒ Public Housing and Section 8 ☐ Section 8 Only ☐ Public Housing Only

AnnualPHAPlan FiscalYear20 02

[24CFRPart903.7]

i.TableofContents

ProvideatableofcontentsforthePlan ,includingattachments,andalistofsupportingdocumentsavailablefor publicinspection . ForAttachments,indicatewhichattachmentsareprovidedbyselectingallthatapply.Providethe attachment'sname(A,B,etc.)inthespacetotheleftofthenameoftheattachment.Iftheattachmentisprovidedas a **SEPARATE**filesubmissionf romthePHAPlansfile,providethefilenameinparenthesesinthespacetothe right ofthetitle.

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Attachments

<input checked="" type="checkbox"/>	AttachmentA:	SupportingDocumentsAvailableforReview
<input checked="" type="checkbox"/>	AttachmentB:	CapitalFundProgramAnnualStatement
<input checked="" type="checkbox"/>	AttachmentC:	CapitalFundProgram5YearActionPlan
<input type="checkbox"/>	AttachmentN/A:	CapitalFundProgramRe placementHousingFactorAnnualStatement
<input checked="" type="checkbox"/>	AttachmentD:	PublicHousingDrugEliminationProgram(PHDEP)Plan
<input checked="" type="checkbox"/>	AttachmentE:	ResidentMembershiponPHABoardorGoverningBody
<input checked="" type="checkbox"/>	AttachmentE:	MembershipofResidentAdvisoryBoardorBoards
<input type="checkbox"/>	AttachmentN/A:	CommentsofResidentAdvisoryBoardorBoards&Explanationof PHAResponse(mustbeattachedifnotincludedinPHAPlantext)
<input checked="" type="checkbox"/>	Other(Listbelow,providingeachat tachmentname)	
	AttachmentF:	RequiredCertificationsandPublicNoticeAdvertisement
	AttachmentG:	AnalysisofImpedimentstoFairHousing
	AttachmentH:	MostRecentOperatingBudget

AttachmentI: CurrentACOP
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AttachmentK: PHASScore
AttachmentL: GrievanceProcedure
AttachmentM: CooperationAgreementwithTANFAgency
AttachmentN: CHASData
AttachmentO: PetPolicy
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AttachmentQ: Section8AdministrationPlanandRelatedDocuments
AttachmentR: Section504andADASelfEvaluation/NeedsAssessmentand
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AttachmentS: MaintenanceandPestControlPolicies
AttachmentT: CommunityServicePolicy
AttachmentU: ResolutionAuthorizingPlanSubmission
AttachmentV: PolicyDefiningSubstantialChangeinAgencyPlan
AttachmentW: LatestSEMAP
AttachmentX: VoluntaryConversionInitialAssessment

ii.ExecutiveSummary

[24CFRPart903.79(r)]

AtPHAoption,provideabriefoverview oftheinformationintheAnnualPlan

The Small PHA Plan Update has been selected because of the ease of reporting. With limited staff and resources the reduction of paperwork burden is a high priority.

1.SummaryofPolicyorProgramChangesfortheUpcomingYear

Inthissection,brieflydescribechangesinpoliciesorprogramsdiscussedinlastyear'sPHAPlanthatarenotcoveredinother sections of this Update.

The adoption of a revised and updated ACOP and Section 8 Administrative Plan have been accomplished, as well as the Alabama Drug -Free Work Place Policy. As mandated, the Community Service Policy will be revoked.

2.CapitalImprovementNeeds

[24CFRPart903.79(g)]

Exemptions:Section8onlyPHAsarenotrequiredtocompletethiscomponent.

A. ☒ Yes ☐ No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ 393,007.00(actual)

C. ☒ Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5 - Year Action Plan

The Capital Fund Program 5 - Year Action Plan is provided as Attachment C

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment B along with the Annual Statement/Performance and Evaluation Report for all other programs.

3.D Demolition and Disposition

[24 CFR Part 903.79(h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☒ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component; if "yes", complete one activity description for each development.)

2. Activity Description

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)
1a. Development name:
1b. Development (project) number:
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)
5. Number of units affected:
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units <input type="checkbox"/> Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for units (describe below)

8. Timeline for activity:

- a. Actual or projected start date of activity:
- b. Actual or projected start date of relocation activities:
- c. Projected end date of activity:

4. Voucher Homeownership Program

[24CFR Part 903.79(k)]

- A. ☐ Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982? (If "No", skip to next component; if "yes", describe each program using the table below (copy and complete questions for each program identified.)

B. Capacity of the PHA to Administer a Section 8 Homeownership Program

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☐ Establishing a minimum homeowner down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment comes from the family's resources
- ☐ Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- ☐ Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5. Safety and Crime Prevention: PHDEP Plan

[24CFR Part 903.7(m)]

Exemptions Section 8 Only PHAs may skip to the next component. PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- A. ☐ Yes ☒ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan? PHDEP funds are no longer available.

B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ None

- C. ☐ Yes ☒ No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.

- D. ☐ Yes ☒ No:

6. Other Information

[24CFR Part 903.79(r)]

A. Resident Advisory Board (RAB) Recommendations and PHA Response

1. ☐ Yes ☒ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are Attached at Attachment (Filename)
3. In what manner did the PHA address those comments? (select all that apply)
 - ☐ The PHA changed portions of the PHA Plan in response to comments. A list of these changes is included:
 - ☐ Yes ☐ No: below or
 - ☐ Yes ☐ No: at the end of the RAB Comments in Attachment ____.
 - ☐ Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment ____.
 - ☒ Other: (list below) No comments received.

B. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (State of Alabama)
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
 - ☒ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
 - ☒ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
 - ☐ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
 - ☒ Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
 - ☐ Other: (list below)
3. PHA Requests for support from the Consolidated Plan Agency
 - ☐ Yes ☒ No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

The Consolidated Plan of the State of Alabama does indicate affordable housing needs. Additionally, the plans support efforts to eliminate drug-related crime in areas in and around public housing neighborhoods.

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

A. Substantial Deviation from the 5-year Plan:

See Below

B. Significant Amendment or Modification to the Annual Plan:

See Attachment V

The Housing and Quality Work Responsibility Act of 1998 requires that the Housing Authority notify the Resident Advisory Board, the Board of Commissioners and the U.S. Department of Housing and Urban Development of any “substantial change” or “significant amendment” in the Agency’s Annual Plan and in the Five (5) -Year Plan, including proposed modernization and capital improvement activities that have been preplanned.

For the modernization work items that have been proposed and reviewed at the public meeting held for this purpose and have been approved by the Board of Commissioners of the Housing Authority of the City of Greenville for submission to HUD, the Housing Authority recognizes that: (1) conditions may change from time to time from the original work item and from the original anticipated project, (2) that there may be a need to change certain rent and admission policies, and (3) that there may be a need to change PHA programs and activities. Based upon said potential for change, the Housing Authority recognizes that it has a duty and responsibility to the residents, to the Resident Advisory Board, to the Board of Commissioners and to the general public to notify them of any significant amendment in the overall work item plan.

Accordingly, the Housing Authority of the City of Greenville hereby defines “substantial change” or “significant amendment” as a permanent change that will: (1) delete a work category from the original annual and/or five-year budget; (2) include a work category that

was not previously included in the original annual and/or five -year budget; (3) add non - emergency work items not included in the current Annual Statement or Five -Year Action Plan; (4) change the use of replacement reserves under the Capital Fund; (5) add new activities not included in the PHDEP Plan; (6) change any proposed programs with regard to demolition or disposition, designation, home ownership programs or conversion activities; (7) change the rent or admission policies or organization of the waiting list; and (8) change any management policy that is covered by the Agency Plans. An exception to this definition will be made for any of the above listed items that are adopted to reflect changes in HUD regulatory requirements. The mere change of estimated cost or the change of work items between one project to another is not defined as a “substantial change” for the purpose of this policy.

Ms. Brenda M. Moody, the Executive Director, is assigned the responsibility of making the required notification to all interested and affected parties, as well as the responsibility of notifying all interested and affected parties of any “substantial change” or “significant amendment” to the Annual Plan and the Five (5) – Year Plan as well as notification to the public of any material change, that is not defined as a substantial change in the Agency Plans that, in the opinion of the Executive Director should be made known to the public as a matter of appropriate administrative action.

D. Component 10(B) Voluntary Conversion Initial Assessments

- a. How many of the PHA's developments are subject to the Required Initial Assessments?
All
- b. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)?
N/A
- c. How many Assessments were conducted for the PHA's covered developments?
4, see Attachment X.
- d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments: None

Development Name	Number of Units

- e. If the PHA has not completed the Required Initial Assessments, describe the status of these assessments:
N/A

E. Deconcentration and Income Mixing

Component 3, (6) Deconcentration and Income Mixing

- a. ☒ Yes ☐ No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.
- b. ☐ Yes ☒ No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows:

Deconcentration Policy for Covered Developments			
Development Name :	Number of Units	Explanation (if any) [see step 4 at §903.2(c)(1)(iv)]	Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)]

Attachment A

Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
Attachment F	PHA Plan Certification of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
N/A	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
Attachment G	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
Attachment N	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
Attachment H	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources
Attachment I	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
Attachment Q	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admission s Policies
Attachment J	Public housing rent determination policies, including the method for setting public housing flat rents <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
N/A	Schedule of flat rents offered each public housing development <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
Attachment Q	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
Attachment S	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
Attachment K	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
Attachment K	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
Attachment W	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
Attachment S	Any required policies governing any Section 8 special housing types <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
Attachment L	Public housing grievance procedures <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
Attachment S	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
Attachment B	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
Attachment B	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
N/A	Approved HOPEVI applications or, if more recent, approved or submitted HOPEVI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
Attachment R	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99 -52 (HA).	Annual Plan: Capital Needs
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
N/A	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
Attachment M	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
N/A	FSS Action Plan/sf or public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
Individual Contract Documents	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
N/A	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
N/A	PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
Attachment O	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input type="checkbox"/> check here if included in the public housing A&O Policy	Pet Policy
Attachment P	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
Attachment X	Other supporting documents (optional) Voluntary Conversion (list individually; use as many lines as necessary) Initial Assessment	(specify as needed)

ATTACHMENT B

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHAName: The Housing Authority of the City of Greenville, Alabama		Grant Type and Number Capital Fund Program: AL09P15591099 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: FY1999
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/3/02 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non -CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	1,500.00	0.00	0.00	0.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	22,715.00	19,893.00	19,893.00	19,893.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	353,570.00	357,890.00	357,890.00	334,510.00
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Non dwelling Structures				
13	1475 Non dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 -19)	377,785.00	377,785.00	377,785.00	354,403.00
21	Amount of line 20 Related to LBP Activities				

ATTACHMENT B

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: The Housing Authority of the City of Greenville, Alabama		Grant Type and Number Capital Fund Program: AL09P15591099 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: FY1999
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/3/02 </div> <div> <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Final Performance and Evaluation Report </div> <div> <input type="checkbox"/> Revised Annual Statement (revision no:) </div> </div>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

ATTACHMENTB

Annual Statement/Performance and Evaluation Report

CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)

PartII:SupportingPages

[illegible]

ATTACHMENTB

Annual Statement/Performance and Evaluation Report

CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)

Part III: Implementation Schedule

[illegible]

ATTACHMENT B

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHAName: The Housing Authority of the City of Greenville, Alabama		Grant Type and Number Capital Fund Program: AL09P15550100 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: FY2000
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/01 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	2,000.00		2,000.00	0.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	24,000.00		24,000.00	0.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	364,323.00			0.00
11	1465.1 Dwelling Equipment — Nonexpendable	6,000.00			0.00
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	18,000.00			0.00
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 -19)	414,523.00		26,000.00	0.00
21	Amount of line 20 Related to LBP Activities				

ATTACHMENT B

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: The Housing Authority of the City of Greenville, Alabama		Grant Type and Number Capital Fund Program: AL09P15550100 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: FY2000
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/01 </div> <div> <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Final Performance and Evaluation Report </div> <div> <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) </div> </div>					
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

ATTACHMENTB

Annual Statement/Performance and Evaluation Report

CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)

PartII:SupportingPages

[illegible]

ATTACHMENTB

Annual Statement/Performance and Evaluation Report

CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)

Part III: Implementation Schedule

[illegible]

ATTACHMENTB

AnnualStatement/Performanceand EvaluationReport CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF) Part1:Summary					
PHAName: <div style="text-align: center;">TheHousingAuthorityofthe CityofGreenville,Alabama</div>		GrantTypeandNumber CapitalFundProgram: AL09P15550101 CapitalFundProgram ReplacementHousingFactorGrantNo:			FederalFYofGrant: <div style="text-align: center;">FY2001</div>
<input type="checkbox"/> OriginalAnnualStatement <input type="checkbox"/> ReserveforDisasters/Emergencies <input type="checkbox"/> RevisedAnnualStatement(revisionno:)					
<input checked="" type="checkbox"/> PerformanceandEvaluationReportforPeriodEnding: 12/31/01 <input type="checkbox"/> FinalPerformanceandEvaluationReport					
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds				
2	1406Operations				
3	1408ManagementImprovements				
4	1410Administrat ion	2,000.00	2,000.00		
5	1411Audit				
6	1415liquidatedDamages				
7	1430FeesandCosts	24,000.00	24,000.00		
8	1440SiteAcquisition				
9	1450SiteImprovement				
10	1460DwellingStructures	338,916.00	338,916.00		
11	1465.1DwellingEquipment —Nonexpendable				
12	1470NondwellingStructures	25,000.00	25,000.00		
13	1475NondwellingEquipment	33,000.00	33,000.00		
14	1485Demolition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCosts				
18	1498ModUsedforDevelopment				
19	1502Contingency				
20	AmountofAnnualGrant:(sumoflines2 -19)	422,916.00	422,916.00		
21	Amountoffline20RelatedtoLBPActivities				

ATTACHMENTB

AnnualStatement/Performanceand EvaluationReport CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF) Part1:Summary					
PHAName: TheHousingAuthorityofthe CityofGreenville,Alabama		GrantTypeandNumber CapitalFundProgram: AL09P15550101 CapitalFundProgram ReplacementHousingFactorGrantNo:			FederalFYofGrant: FY2001
<input type="checkbox"/> OriginalAnnualStatement		<input type="checkbox"/> ReserveforDisasters/Emergencies		<input type="checkbox"/> RevisedAnnualStatement(revisionno:)	
<input checked="" type="checkbox"/> PerformanceandEvaluationReportforPeriodEnding: 12/31/01		<input type="checkbox"/> FinalPerformanceandEvaluationReport			
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
22	Amountoffline20RelatedtoSection504Compliance				
23	Amountoffline20RelatedtoSecurity				
24	Amountoffline20RelatedtoEnergyConservationMeasures				

ATTACHMENT B

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHAName: The Housing Authority of the City of Greenville, Alabama		Grant Type and Number Capital Fund Program#: AL09P15550101 Capital Fund Program Replacement Housing Factor#:				Federal FY of Grant: FY2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
PHAWide	Admin. Costs	1410		2,000.00				
PHAWide	Fee Acct.	1430		4,000.00				
PHAWide	A/E Fees	1430		20,000.00				
PHAWide	Operations (Truck & Mowers)	1406		33,000.00				
PHAWide	Remodel HCB Bathrooms Adm. Bldg.	1470		20,000.00				
PHAWide	Replace Carpet Adm. Bldg.	1470		5,000.00				
AL155.001	Replace Floor Tile	1460		81,000.00				
(90 units)	LBPTesting (sample%)	1460		2,000.00				
	Asbestos Testing (sample%)	1460		2,000.00				
	Replace Lavatories	1460		2,280.00				
	Replace Appliances	1460		3,100.00				
	Replace Tubs	1460		3,896.00				
AL155.002	Replace Floor Tile	1460		45,000.00				
(50 units)	LBPTesting	1460		1,500.00				
	Asbestos Testing	1460		1,500.00				
	Lavatories (remove vanities)	1460		15,000.00				
	Window Replacement	1460		126,250.00				
	Replace Appliances	1460		1,240.00				
	Replace Tubs	1460		3,150.00				
AL155.003	Replace Floor Tile	1460		51,000.00				
AL155.004								
(60 units)								

ATTACHMENTB

Annual Statement/Performance and Evaluation Report

CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)

PartIII:ImplementationSchedule

[illegible]

ATTACHMENTB

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHAName : The Housing Authority of the City of Greenville, Alabama		Grant Type and Number Capital Fund Program: AL09P15550102 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: FY2002
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	7,500.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	25,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	360,507.00			
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 -19)	393,007.00			

ATTACHMENT B

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHAName : The Housing Authority of the City of Greenville, Alabama		Grant Type and Number Capital Fund Program: AL09P15550102 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: FY2002
<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: </div> <div> <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Final Performance and Evaluation Report </div> <div> <input type="checkbox"/> Revised Annual Statement (revision no:) </div> </div>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

ATTACHMENTB

Annual Statement/Performance and Evaluation Report

CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)

PartII:SupportingPages

[illegible]

ATTACHMENTB

Annual Statement/Performance and Evaluation Report

CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)

PartIII:ImplementationSchedule

[illegible]

ATTACHMENT C

Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA development planned in the next 5 PHA fiscal years. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP5 -Year Action Plan		
<input type="checkbox"/> Original statement <input checked="" type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
PHA Wide	The Housing Authority of the City of Greenville, Alabama	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Foundation Correction	49,960.00	FY2002 –2006
Appliance Replacement (AL155.001,.002,.003,.004)	28,000.00	
Window Replacement (AL155.001,.003,.004)	411,750.00	
Replace Roofing, Decking (AL155.001)	212,854.00	
Replace Soffits, Fascia (AL155.001,.002)	130,000.00	
Upgrade Playgrounds (AL155.001,.002,.003,.004)	23,724.00	
Add Water Checkmeters (AL155.001,.002)	62,000.00	
Replace K. Light Fixtures (AL155.001)	25,000.00	
Add L.R. Light Fixtures (AL155.003,.004)	18,000.00	
Replace Interior Doors (AL155.003,.004)	84,800.00	
Replace Lavatories (AL155.003,.004)	9,000.00	
Install Clotheslines (AL155.003,.004)	12,000.00	
Repair/Upgrade Plumbing (AL155.003,.004)	140,000.00	
Drainage/Erosion Control/Landscaping (AL155.003,.004)	120,000.00	
Addition to Maintenance Storage Building (AL155.002)	25,000.00	
Central Heat/AC to Recreation Room (AL155.001)	2,500.00	
Sidewalk Repairs (AL155.001,.002)	6,000.00	
Replace Partial Bathtubs (AL 155.001,.002)	18,745.00	
Total estimated cost over next 5 years	1,379,333.00	

PHA Public Housing Drug Elimination Program Plan Not Required Per BIRPHDFY2002 -02

Note: THIS PHDEP Plan template (HUD50075 -PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

Section 1: General Information/History

A. Amount of PHDEP Grant \$ _____

B. Eligibility type (Indicate with an "x") _____ **N1** _____ **N2** _____ **R** _____

C. FFY in which funding is requested _____

D. Executive Summary of Annual PHDEP Plan

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long.

E. Target Areas

Complete the following table by indicating each PHDEPTarget Area (development or site where activities will be conducted), the total number of units in each PHDEPTarget Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.

PHDEPTarget Areas (Name of development(s) or site)	Total # of Units within the PHDEPTarget Area(s)	Total Population to be Served within the PHDEPTarget Area(s)

F.DurationofProgram

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an “x” to indicate the length of program by # of months. For “Other”, identify the # of months).

12Months_____18Months_____24Months_____

G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an “x” by each applicable Year) and provide amount of funding received. If previously funded programs havenot been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balance should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Dates should include any HUD -approved extensions or waivers. For grant extensions received, place “GE” in column or “W” for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant#	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP -funded activities. This summary should not exceed 5 -10 sentences.

B.PHDEPBudgetSummary

Enter the total amount of PHDEP funding allocated to each line item.

FFY _____ PHDEP Budget Summary	
Original statement	
Revised statement dated:	
Budget Line Item	Total Funding
9110 – Reimbursement of Law Enforcement	
9115 – Special Initiative	
9116 – Gun Buyback TAMatch	
9120 – Security Personnel	
9130 – Employment of Investigators	
9140 – Voluntary Tenant Patrol	
9150 – Physical Improvements	
9160 – Drug Prevention	
9170 – Drug Intervention	
9180 – Drug Treatment	
9190 – Other Program Costs	
TOTAL PHDEP FUNDING	49,138

C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise — not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

9110 – Reimbursement of Law Enforcement					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/ Source)	Performance Indicators
1.							
2.							
3.							

9115 - Special Initiative					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/ Source)	Performance Indicators
1.							
2.							
3.							

9116 -GunBuybackTAMatch					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9120 -SecurityPersonnel					TotalPHDEP Funding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9130 –EmploymentofInvestigators					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9140 – Voluntary Tenant Patrol					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

9150 - Physical Improvements					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

9160 - Drug Prevention					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

9170 -DrugIntervention					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9180 -DrugTreatment					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9190 -OtherProgramCosts					TotalPHDEPFunds:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

Required Attachment E: Resident Member on the PHA Governing Board

1. ☐ Yes ☒ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board:

B. How was the resident board member selected: (select one)?

- ☐ Elected
☐ Appointed

C. The term of appointment is (include the date term expires):

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

- ☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis
☒ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
☐ Other (explain):

B. Date of next term expiration of a governing board member: 12/12/02

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

Dexter McLendon
Mayor
City of Greenville, Alabama

Required Attachment E: Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

The following Resident Advisory Board members are appointed by Executive Director, Brenda Moody:

Olivia Rudolph – Northridge Apartments

Alice Crenshaw – Southview Apartments

Shirley Smith – Highland Apartments

Sandra Hamilton – Section 8 Representative